Process and Procedures developed at NNMC to use CHCS 1 generated SF 508 to serve as primary medication list and order sheet for sequential reconciliation across the inpatient encounter.

Medication Reconciliation Document

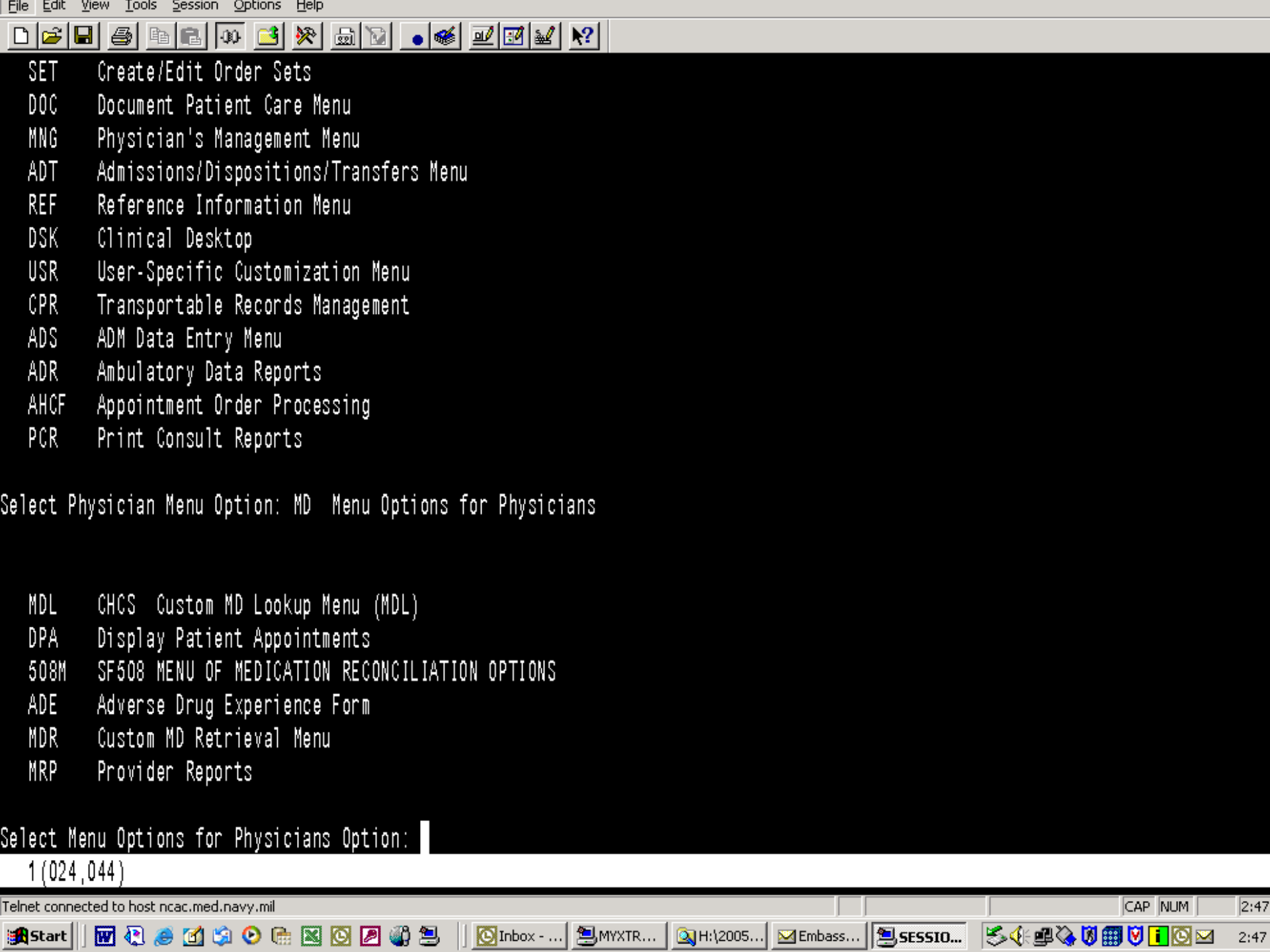
508 Menus

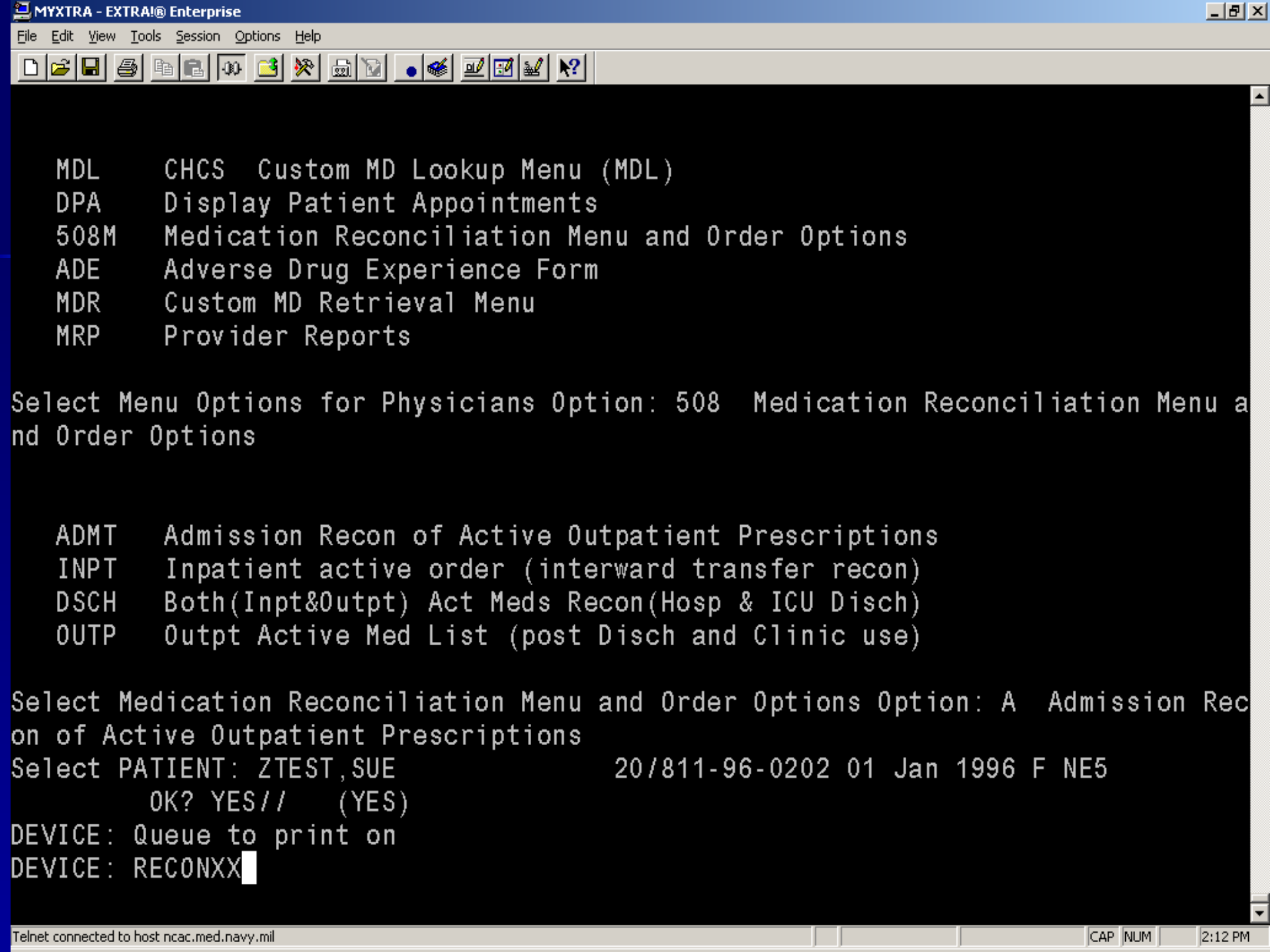
- ADMT Admission Recon of Active Outpatient Prescription
- INPT Inpatient Active Order (Inter-ward transfer recon)
- DISP Both (Inpatient &Outpatient) Active Meds Recon
  (Hosp & ICU Discharges)
- OUTP Outpatient Active Med List
  (Post Discharge, Clinic use, Consultant / Referral use)

Lists are sorted by AHFS (therapeutic class)

SF 508 Medication Reconciliation Getting to the 508 Menu Options

- All providers at {facility name} are assigned the MD menu as a secondary menu option. (IT may need to assign Provider menu keys)
- Once signed onto CHCS, simply type MD at any….prompt.
- This will display the MD menu options, including the 508M Menu for Medication Reconciliation Options.
- RNs at prompt type CLN (IT may need to assign Nurses the menu keys)


File Edit View Tools Session Options Help
SET Create/Edit Order Sets
DOC Document Patient Care Menu
MNG Physician's Management Menu
ADT Admissions/Dispositions/Transfers Menu
REF Reference Information Menu
DSK Clinical Desktop
USR User-Specific Customization Menu
CPR Transportable Records Management
ADS ADM Data Entry Menu
ADR Ambulatory Data Reports
AHCF Appointment Order Processing
PCR Print Consult Reports
Select Physician Menu Option: MD Menu Options for Physicians
MDL CHCS Custom MD Lookup Menu (MDL)
DPA Display Patient Appointments
508M SF508 MENU OF MEDICATION RECONCILIATION OPTIONS
ADE Adverse Drug Experience Form
MDR Custom MD Retrieval Menu
MRP Provider Reports
Select Menu Options for Physicians Option:
1(024,044)
Telnet connected to host ncac.med.navy.mil
CAP NUM
2:47
Start
Inbox - ...
MYXTR...
H:\2005...
Embass...
SESSIO...
2:47


MYXTRA - EXTRA!® Enterprise
File Edit View Tools Session Options Help
MDL CHCS Custom MD Lookup Menu (MDL)
DPA Display Patient Appointments
508M Medication Reconciliation Menu and Order Options
ADE Adverse Drug Experience Form
MDR Custom MD Retrieval Menu
MRP Provider Reports
Select Menu Options for Physicians Option: 508 Medication Reconciliation Menu a
nd Order Options
ADMT Admission Recon of Active Outpatient Prescriptions
INPT Inpatient active order (interward transfer recon)
DSCH Both(Inpt&Outpt) Act Meds Recon(Hosp & ICU Disch)
OUTP Outpt Active Med List (post Disch and Clinic use)
Select Medication Reconciliation Menu and Order Options Option: A Admission Rec
on of Active Outpatient Prescriptions
Select PATIENT: ZTEST,SUE 20/811-96-0202 01 Jan 1996 F NE5
OK? YES// (YES)
DEVICE: Queue to print on
DEVICE: RECONXX
Telnet connected to host ncac.med.navy.mil
CAP NUM 2:12 PM

USE of SF 508: Site Specific Requirements Selecting Option As Appropriate

- AMDT---Admission reconciliation of active outpatient prescriptions
  - Doctor's order sheet (SF 508)
  - For admission reconciliation of existing active outpatient prescriptions
  - Primary involvement of the patient/family
  - Addition all non-recorded medications including any OTCs, herbals, etc…..
  - Pharmacy will delete all non-reconciled from patient medication profile

- INPT --- Inpatient active order
  - Doctor's order sheet
  - Use for transfer to another ward
  - Reconciliation of existing active inpatient orders

USE of SF 508: Site Specific Requirements Selecting Option As Appropriate

- DISP --- Inpatient with Outpatient Active Medications Recon
  - Worksheet
  - Reconcile both inpatient and outpatient active orders
  - Use for discharging patient from hospital
  - Use for specialty unit (ICU/CCU) discharges back to ward
  - Provider will delete all non-reconciled meds from patient medication profile

- OUTP --- Outpatient Active Med List
  - Place copy on chart prior to discharge as proof of reconciliation
  - Use to check for redundant prescriptions
  - Provide copy to patient for next medical visit and information to next provider/consultant
  - Clinic may use to update record during subsequent medical visit(s)

PATIENT ID: LASTNAME,FNAME MI 30/999-99-9999 99 FEMALE WARD: _____

1. Circle (C) for active medications to be continued as inpatient.
2. Circle (D) to eliminate med for both outpatient and inpatient medications.
3. Circle (H) to hold outpatient medication until discharge.
4. To change dose or frequency, circle (D) and rewrite as new order.

(C)	(D)	(H)	TRAZODONE--PO 50MG TAB	TAKE ONE AND 1/2 EACH~EVENING FOR RESTFUL SLEEP ~~
(C)	(D)	(H)	KETOCONAZOLE--TOP 2% CREA	APPLY TO FACE RASH EVERY~DAY ~
(C)	(D)	(H)	OLANZAPINE--PO 5MG TAB	TAKE 1 BY MOUTH 1 HOUR~BEFORE BEDTIME ~
(C)	(D)	(H)	OLANZAPINE--PO 2.5MG TAB	1 BY MOUTH EVERY NIGHT ~
(C)	(D)	(H)	IPRATROPIUM--NAS 0.03% INHA	TWO SPRAYS EACH NOSTRIL UP~TO TWICE EVERY DAY FOR~ NOSE ~
(C)	(D)	(H)	MULTIVITAMIN--PO TAB	TAKE ONE TABLET BY MOUTH~EVERY DAY ~
(C)	(D)	(H)	GALANTAMINE--PO 8MG TAB	TAKE 1 BY MOUTH TWICE A DAY~ ~
(C)	(D)	(H)	CALCIUM CARB/VIT D (250MG/125IU)--PO TAB	TAKE 1 BY MOUTH TWICE A DAY~WITH MEALS ~
(C)	(D)	(H)	LORATADINE--PO 10MG TAB	TAKE 1 BY MOUTH EVERY DAY~FOR WATERY EYES AND RUNNY~NOSE
(C)	(D)	(H)	LEVOTHYROXINE--PO 125MCG TAB	TAKE ONE TABLET BY MOUTH~EVERY DAY ~
(C)	(D)	(H)	VITAMIN E--PO 400U CAP	TAKE 2 BY MOUTH TWICE A DAY~ ~

Write each new medication order, sign, stamp and date form at end of report

SIGN AND STAMP:_____DATE/TIME:_____

**********(END OF REPORT)**********

PATIENT: LASTNAME,FNAME MI 30/999-99-9999 99 MALE

1. Circle (C) for active medications to be continued as inpatient.
2. Circle (D) to eliminate med from both outpatient and inpatient medications.
3. To change dose or frequency, circle (D) and rewrite as new medication to be ordered.

(C)	(D)	ENOXAPARIN-SYRN (LOVENOX) <SUBCUTANEOUS> 40MG Q24H OE CMT:
(C)	(D)	CITALOPRAM-TAB (CELEXA) <ORAL> 20MG HS OE CMT:
(C)	(D)	TIOTROPIUM (SPIRIVA EQ)--INH 18MCG INHA (SPI) <INHALATION> 1DOSE Q24H OE CMT:
(C)	(D)	DOCUSATE SODIUM-CAP (COLACE) <ORAL> 100MG BID OE CMT:
(C)	(D)	SENNA CONCENTRATE-TAB (SENOKOT) <ORAL> 17.2MG HS OE CMT:
(C)	(D)	FUROSEMIDE-TAB (LASIX) <ORAL> 40MG BID OE CMT:
(C)	(D)	SIMVASTATIN-TAB (ZOCOR) <ORAL> 40MG HS OE CMT:
(C)	(D)	FERROUS SULFATE-TAB (FEOSOL) <ORAL> 325MG BID OE CMT:
(C)	(D)	LANSOPRAZOLE-CAP (PREVACID) <ORAL> 30MG BID OE CMT: 30 minutes prior to meals
(C)	(D)	ADVAIR(FLUTICASONE/SALMETEROL)100/50 INH (ADVAIR) <INHALATION> 1PUFF BID OE CMT:
(C)	(D)	IPRATROPIUM 18MCG/ALBUTEROL 103MCG--PO I (COMBIVENT) <ORAL> 2PUFF BID OE CMT:
(C)	(D)	LEVOTHYROXINE-TAB (SYNTHROID) <ORAL> 125MCG Q DAY OE CMT:
(C)	(D)	FOLIC ACID-TAB (FOLATE) <ORAL> 1MG Q24H OE CMT:
(C)	(D)	ASCORBIC ACID-TAB <ORAL> 500MG BID OE CMT:
(C)	(D)	ACETAMINOPHEN-TAB (TYLENOL) <ORAL> 650MG Q4-6H OE CMT:

Write each new Medication Order, sign, stamp and date form at end of report.

SIGN AND STAMP:_____DATE/TIME_____

Both Inpatient and Outpatient Active Medications 28 Sep 2005@1456

PATIENT: LASTNAME,FNAME MI 30/999-99-9999 99 MALE

1. Circle (C) for medications to be continued after discharge from hospital or on ward after discharge from ICU.
2. Circle (D) to eliminate med from both outpatient and inpatient medications.
3. Circle (H) to hold outpatient medication until discharge from hospital.
4. To change dose or frequency, circle (D) and rewrite as new order.

RX: SHOWS OUTPT RX ACTIVE

(C) (D) RX: ACETAMINOPHEN--PO 325MG TAB~T2 TAB PO Q4H PFP OR FEVER RF3 #100 DS8 on 17 Nov 2004@1441 OE CMT:
(C) (D) ACETAMINOPHEN-TAB (TYLENOL) <ORAL> 650MG Q4-6H OE CMT:
(C) (D) RX: LISINOPRIL--PO 5MG TAB~T1 TAB PO QD RF3 #90 DS30 on 22 May 2005@1149 OE CMT:
(C) (D) RX: AMIODARONE--PO 200MG TAB~T1 TAB PO BID RF1 #120 DS60 on 13 Sep 2005@1134 OE CMT:
(C) (D) RX: WARFARIN--PO 2.5MG TAB~TAKE UD FROM CLINIC RF3 #90 DS30 on 15 Mar 2005@1453 OE CMT:
(C) (D) ENOXAPARIN-SYRN (LOVENOX) <SUBCUTANEOUS> 40MG Q24H OE CMT:
(C) (D) RX: CITALOPRAM--PO 40MG TAB~T 1/2 TAB PO QD RF5 #15 DS30 on 22 May 2005@1149 (m-1) OE CMT:
(C) (D) CITALOPRAM-TAB (CELEXA) <ORAL> 20MG HS OE CMT:
(C) (D) RX: KETOCONAZOLE--TOP 2% SHAM~USE TOPICALLY AS DIRECTED RF3 #2 DS30 on 04 Apr 2005@1524 OE CMT:
(C) (D) TIOTROPIUM (SPIRIVA EQ)--INH 18MCG INHA (SPI) <INHALATION> 1DOSE Q24H OE CMT:
(C) (D) RX: METOPROLOL--PO 25MG TAB~T1 TAB PO BID 120 RF3 #60 DS30 on 12 Sep 2005@1419 OE CMT:
(C) (D) DOCUSATE SODIUM-CAP (COLACE) <ORAL> 100MG BID OE CMT:
(C) (D) SENNA CONCENTRATE-TAB (SENOKOT) <ORAL> 17.2MG HS OE CMT:
(C) (D) RX: FUROSEMIDE--PO 20MG TAB~T1 TAB PO QD RF3 #30 DS30 on 22 May 2005@1149 OE CMT:
(C) (D) FUROSEMIDE-TAB (LASIX) <ORAL> 40MG BID OE CMT:
(C) (D) RX: RANITIDINE--PO 150MG TAB~T1 TB PO BID RF3 #120 DS60 on 13 Sep 2005@1134 OE CMT:
(C) (D) RX: SIMVASTATIN--PO 40MG TAB~T1 TAB PO QHS RF3 #90 DS90 on 05 Apr 2005 OE CMT:
(C) (D) RX: SIMVASTATIN--PO 40MG TAB~T1 TAB PO QHS RF3 #90 DS90 on 22 May 2005@1150 OE CMT:
(C) (D) SIMVASTATIN-TAB (ZOCOR) <ORAL> 40MG HS OE CMT:
(C) (D) RX: FERROUS SULFATE--PO 325MG TAB~T1 TAB PO TID WITH FOOD RF3 #100 DS33 on 01 Nov 2004@1344 OE CMT:
(C) (D) RX: FERROUS SULFATE--PO 325MG TAB~T1 TAB PO TID WITH FOOD RF3 #100 DS33 on 05 Apr 2005 OE CMT:
(C) (D) RX: FERROUS SULFATE--PO 325MG TAB~T1 TAB PO TID WITH FOOD RF3 #100 DS33 on 22 May 2005@1151 OE CMT:
(C) (D) FERROUS SULFATE-TAB (FEOSOL) <ORAL> 325MG BID OE CMT:
(C) (D) RX: ASPIRIN (ENTERIC COATED)--PO 81MG TBEC~T1 TAB PO QD RF0 #90 DS90 on 05 Jul 2005@1316 OE CMT:
(C) (D) RX: ACYCLOVIR--PO 400MG TAB~TAKE 1 TAB DAILY RF2 #30 DS30 on 22 May 2005@1151 OE CMT:
(C) (D) RX: LANSOPRAZOLE--PO 30MG CAP~T1 CAP PO BID RF2 #120 DS60 on 17 Nov 2004@1440 OE CMT:
(C) (D) RX: RABEPRAZOLE--PO 20MG TAB~TAKE 1 TAB BY MOUTH EACH DAY RF3 #30 DS30 on 22 May 2005@1150 OE CMT:
(C) (D) LANSOPRAZOLE-CAP (PREVACID) <ORAL> 30MG BID OE CMT: 30 minutes prior to meals
(C) (D) RX: IMIQUIMOD--TOP 5% CREA~AAA ON THUMB FIVE DAYS PER WEEK (ONCE PER DAY) FOR SIX WEEKS RF3 #1 DS30
(C) (D) RX: IPRATROPIUM 18MCG/ALBUTEROL 103MCG--PO I~INHALE 2 PUFFS QID RF3 #2 DS30 on 19 Apr 2005@1443 OE:
(C) (D) RX: IPRATROPIUM 18MCG/ALBUTEROL 103MCG--PO I~INHALE 2 PUFFS QID RF3 #2 DS45 on 22 May 2005@1151 OE:
(C) (D) ADVAIR(FLUTICASONE/SALMETEROL)100/50 INH (ADVAIR) <INHALATION> 1PUFF BID OE CMT:
(C) (D) IPRATROPIUM 18MCG/ALBUTEROL 103MCG--PO I (COMBIVENT) <ORAL> 2PUFF BID OE CMT:
(C) (D) RX: LEVOTHYROXINE --PO 100MCG TAB~T1 TAB PO QD RF3 #90 DS90 on 15 Oct 2004@1204 OE CMT:
(C) (D) RX: LEVOTHYROXINE--PO 125MCG TAB~T1 TAB PO QD RF3 #90 DS90 on 01 Nov 2004@1342 OE CMT:
(C) (D) RX: LEVOTHYROXINE--PO 125MCG TAB~T1 TAB PO QD RF3 #90 DS90 on 22 May 2005@1147 OE CMT:
(C) (D) LEVOTHYROXINE-TAB (SYNTHROID) <ORAL> 125MCG Q DAY OE CMT:
(C) (D) RX: FOLIC ACID--PO 1MG TAB~T1 TAB PO QD RF3 #90 DS90 on 05 Apr 2005 (m-1) OE CMT:
(C) (D) RX: FOLIC ACID--PO 1MG TAB~T1 TAB PO QD RF4 #30 DS30 on 22 May 2005@1150 OE CMT:
(C) (D) FOLIC ACID-TAB (FOLATE) <ORAL> 1MG Q24H OE CMT:
(C) (D) ASCORBIC ACID-TAB <ORAL> 500MG BID OE CMT:

Use the lines to write out each new or changed order to assist you in making the changes in CHCS.

O U T P A T I E N T A C T I V E M E D I C A T I O N S L I S T Page: 1

Current Prescriptions List 28 Sep 2005@1456

PATIENT ID: LASTNAME,FNAME MI 30/999-99-9999 99 MALE WARD: _____

1. ACETAMINOPHEN--PO 325MG TAB TAKE TWO TABLETS BY MOUTH~EVERY FOUR HOURS AS NEEDED~FOR PAIN OR FEVER ~ RR: 3 #: 100
2. LISINOPRIL--PO 5MG TAB TAKE ONE TABLET BY MOUTH~EVERY DAY ~ RR: 3 #: 90
3. AMIODARONE--PO 200MG TAB TAKE ONE TABLET BY MOUTH~TWICE A DAY ~ RR: 1 #: 120
4. WARFARIN--PO 2.5MG TAB TAKE AS DIRECTED FROM~CLINIC~ RR: 3 #: 90
5. CITALOPRAM--PO 40MG TAB TAKE 1/2 TABLET BY MOUTH~EVERY DAY ~ RR: 4 #: 15
6. KETOCONAZOLE--TOP 2% SHAM USE TOPICALLY AS DIRECTED ~ RR: 3 #: 2
7. METOPROLOL--PO 25MG TAB TAKE ONE TABLET BY MOUTH~TWICE A DAY 120 ~ RR: 3 #: 60
8. FUROSEMIDE--PO 20MG TAB TAKE ONE TABLET BY MOUTH~EVERY DAY ~ RR: 2 #: 30
9. RANITIDINE--PO 150MG TAB TAKE ONE TABLET BY MOUTH~TWICE A DAY ~ RR: 3 #: 120
10. SIMVASTATIN--PO 40MG TAB TAKE ONE TABLET BY MOUTH~EVERY NIGHT ~ RR: 3 #: 90
11. SIMVASTATIN--PO 40MG TAB TAKE ONE TABLET BY MOUTH~EVERY NIGHT ~ RR: 3 #: 90
12. FERROUS SULFATE--PO 325MG TAB TAKE ONE TABLET BY MOUTH~THREE TIMES A DAY WITH FOOD~ ~ RR: 2 #: 100
13. FERROUS SULFATE--PO 325MG TAB TAKE ONE TABLET BY MOUTH~THREE TIMES A DAY WITH FOOD~ ~ RR: 3 #: 100
14. FERROUS SULFATE--PO 325MG TAB TAKE ONE TABLET BY MOUTH~THREE TIMES A DAY WITH FOOD~ ~ RR: 3 #: 100
15. ASPIRIN (ENTERIC COATED)--PO 81MG TBEC RR: 0 #: 90
16. ACYCLOVIR--PO 400MG TAB TAKE 1 TABLET EVERY DAY ~ RR: 2 #: 30
17. LANSOPRAZOLE--PO 30MG CAP TAKE ONE CAPSULE BY MOUTH~TWICE A DAY ~ RR: 1 #: 120
18. RABEPRAZOLE--PO 20MG TAB TAKE 1 TABLET BY MOUTH EACH~DAY ~ RR: 3 #: 30
19. IMIQUIMOD--TOP 5% CREA APPLY TO AFFECTED AREAS ON~THUMB FIVE DAYS PER WEEK~(ONCE PER DAY) FOR SIX~WEEKS ~ RR: 3 #: 1
20. IPRATROPIUM 18MCG/ALBUTEROL 103MCG--PO I RR: 3 #: 2
21. IPRATROPIUM 18MCG/ALBUTEROL 103MCG--PO I INHALE 2 PUFFS FOUR TIMES A~DAY ~ RR: 3 #: 2
22. LEVOTHYROXINE --PO 100MCG TAB RR: 3 #: 90
23. LEVOTHYROXINE--PO 125MCG TAB TAKE ONE TABLET BY MOUTH~EVERY DAY ~ RR: 2 #: 90
24. LEVOTHYROXINE--PO 125MCG TAB TAKE ONE TABLET BY MOUTH~EVERY DAY ~ RR: 3 #: 90
25. FOLIC ACID--PO 1MG TAB TAKE ONE TABLET BY MOUTH~EVERY DAY ~ RR: 3 #: 90
26. FOLIC ACID--PO 1MG TAB TAKE ONE TABLET BY MOUTH~EVERY DAY ~ RR: 3 #: 30

**********(END OF Rx Active in CHCS)**********

Annotate all other medications taken by patient (OTCs, Herbals) below:

SF 508 Medication Reconciliation
Viewing and Printing

- Select Patient/Enter
- To Print: Sends to specific printer
  - Type any location after the word recon
    - recon5w
    - recon5c
    - recon5e
    - recon7w
    - reconICU
    - Recon3w

- Prints to the CIS printer on ward/unit
- Can print from one location to another
- Viewing device
  - At prompt type: 0;123;

NNMC SF 508 Medication Reconciliation

- Electronic Medication List Options:
  - CHCS 1 –SF 508 Medication Reconciliation Menu
  - Utilized for Outpatient & Inpatient Scenarios
    - Developed by NNMC Bethesda
    - POC: Suzie Farley, Patient Safety/Risk Mgr
      - 301-295-5152
      - msfarley@bethesda.med.navy.mil
    - POC IT Issues:
      - Roberta T. Williams
      - 301-295-5152
      - rtwilliams@bethesda.med.navy.mil